

# **ASCLD/LAB INSPECTION REPORT**



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**AUSTIN POLICE DEPARTMENT  
FORENSIC SCIENCE DIVISION**

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**SEPTEMBER 11, 2010**

## INTRODUCTION

This is report of the ASCLD/LAB accreditation inspection of the Austin Police Department Forensic Science Division Crime Laboratory. The initial inspection was conducted during the period of April 26-29, 2010. During the period of July 10-15, 2010, staff inspector Rodney H. Andrus reviewed documentation which was provided by the laboratory concerning compliance with criteria for which the laboratory was found to not be fully compliant during the initial inspection.

The ASCLD/LAB inspection team consisted of the following members:

**Rodney H. Andrus**, Staff Inspector, ASCLD/LAB, Fresno, CA

**Terry Gallegos**, Tucson Police Department, Tucson, AZ

**Melissa C. Keith**, Oklahoma City Police Department, Oklahoma City, OK

**Greg L. Soltis**, FBI Laboratory, Quantico, VA

**Stephanie Souza**, Contra Costa County Sheriff's Department, Martinez, CA

**Thomas P. Riley**, Michigan State Police, Lansing, MI

**Karen Green**, Washington State Police, Seattle, WA

**Mike Hurley**, Staff Inspector, ASCLD/LAB, Eugene, OR

The inspection was performed using the principles, standards and criteria established in the 2008 version of the ASCLD/LAB Accreditation Manual and the 2009 version of the FBI "Quality Assurance Standards Audit for Forensic DNA Testing Laboratories."

## LABORATORY OVERVIEW

The Austin Police Department Forensic Science Division Crime Laboratory is a government laboratory which provides services for the City of Austin, Texas. The laboratory is located at 812 Springdale Road, Austin, Texas and is seeking renewal of its ASCLD/LAB accreditation. Forensic Science Division Manager Bill Gibbens reports to the Chief of Field Support Bureau, Ed Harris. The Laboratory provides services in the disciplines of Controlled Substances, Toxicology (blood alcohol only), Biology, Firearms/Toolmarks, Latent Prints and Crime Scene. The Laboratory has a staff of fifty eight (58) testifying analysts and nine (9) support staff.

## INSPECTION TEAM FINDINGS

The inspection team's scoring of each of the ASCLD/LAB Accreditation Standards and Evaluation Criteria from the 2008 Accreditation Manual follows. Each criterion for which the inspection team determined the laboratory to be in compliance is scored "Yes." Each criterion for which the inspection team found the laboratory to not be in total compliance is scored "No." Each criterion which is not applicable to the inspection of this laboratory is scored "N/A." The Summary portion of the report documents the basis for all non-compliance and all non-applicable findings of the Inspection Team.

## STANDARDS AND CRITERIA

***The laboratory should establish objectives which are relevant to the community that it serves and communicate them to all employees orally and in written form.***

		Yes	No	N/A
1.1.1.1 (I)	Does the laboratory have a written statement of its objectives?	<u>✓</u>	___	___
1.1.1.2 (I)	Do the objectives appear to be relevant to the needs of the community serviced by the laboratory?	<u>✓</u>	___	___
1.1.1.3 (D)	Does the laboratory staff understand and support the objectives?	<u>✓</u>	___	___

***A laboratory or its parent agency should have a formal written budget which is consistent with the forensic services provided by it.***

1.1.2.1 (I)	Does the laboratory or its parent agency have a formal written budget?	<u>✓</u>	___	___
1.1.2.2 (I)	Is the budget adequate to meet the written objectives?	<u>✓</u>	___	___

***Clearly written and well understood procedures must exist for handling and preserving the integrity of evidence; laboratory security; preparation, storage, security and disposition of case records and reports; control of materials and supplies; maintenance and calibration of equipment and instruments; and for operation of individual characteristic databases. Clearly written and well understood documentation or procedures should also exist for job requirements and descriptions; personnel evaluations and objectives; and for employee complaints concerning the quality system.***

Does clearly written and well understood documentation or procedure exist for the following:

1.1.2.3 (E)	Handling and preserving the integrity of evidence?	<u>✓</u>	___	___
1.1.2.4 (E)	Laboratory security?	<u>✓</u>	___	___
1.1.2.5 (E)	Preparation, storage, security and disposition of case records and reports?	<u>✓</u>	___	___
1.1.2.6 (E)	Control of materials and supplies?	<u>✓</u>	___	___
1.1.2.7 (E)	Maintenance and calibration of equipment and instruments?	<u>✓</u>	___	___
1.1.2.8 (E)	Operation of individual characteristic databases?	<u>✓</u>	___	___
1.1.2.9 (D)	Job requirements and descriptions?	<u>✓</u>	___	___
1.1.2.10 (D)	Personnel evaluations and objectives?	<u>✓</u>	___	___
1.1.2.11 (D)	Employee complaints concerning the quality system?	<u>✓</u>	___	___

***A laboratory should have a management information system which provides information which assists the laboratory in accomplishing its objectives.***

	Yes	No	N/A
1.1.2.12 (I) Does the laboratory have and use a management information system?	<u>✓</u>	<u>    </u>	<u>    </u>

***The laboratory manager should be able to relate the organizational structure to interacting variables such as those stated in the principle.***

1.2.1.1 (D) Does the organizational structure group the work and personnel in a manner that allows for efficiency of operation, taking into account the interrelation of various forensic disciplines?	<u>✓</u>	<u>    </u>	<u>    </u>
1.2.1.2 (D) Has the laboratory director considered and taken appropriate action to correct any discrepancies with regard to numbers of personnel when grouping work and resources?	<u>✓</u>	<u>    </u>	<u>    </u>

***The laboratory director should have authority commensurate with the assigned responsibilities.***

1.2.2.1 (I) Is the laboratory director's authority well defined?	<u>✓</u>	<u>    </u>	<u>    </u>
1.2.2.2 (I) Does the laboratory director have authority commensurate with responsibilities?	<u>✓</u>	<u>    </u>	<u>    </u>

***Delegation of authority within the laboratory should follow the organizational process outlined in the principle.***

1.2.2.3 (I) Is there sufficient delegation of authority?	<u>✓</u>	<u>    </u>	<u>    </u>
1.2.2.4 (I) Is authority of supervisors commensurate with their responsibilities?	<u>✓</u>	<u>    </u>	<u>    </u>
1.2.2.5 (I) Is each subordinate accountable to one and only one immediate supervisor per function?	<u>✓</u>	<u>    </u>	<u>    </u>
1.2.2.6 (I) Are performance expectations established and are they understood by laboratory personnel?	<u>✓</u>	<u>    </u>	<u>    </u>

***Constructive discussion should occur between supervisors and subordinates.***

1.3.1.1 (D) Is there constructive discussion between supervisors and subordinates?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Supervisors should carefully and objectively review laboratory activities and personnel.***

1.3.1.2 (I) Do supervisors carefully and objectively review laboratory activities and personnel?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Supervisory techniques should encourage creative thinking and objectivity and should recognize meritorious performance of subordinates.***

	Yes	No	N/A
1.3.1.3 (D) Do the supervisory techniques encourage creative, objective thinking and recognize meritorious performance?	<u>✓</u>	<u>    </u>	<u>    </u>

***Communication within the laboratory should exist for coordination of case work and to ensure wide dissemination of technical and operational information.***

1.3.2.1 (D) Does an effective means of communication exist within the laboratory?	<u>✓</u>	<u>    </u>	<u>    </u>
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***A training program to develop the technical skills of employees is essential in each applicable discipline and subdiscipline.***

1.3.3.1 (E) Does the laboratory have and use a documented training program in each discipline and subdiscipline for employees who are new, untrained or in need of remedial training?	<u>✓</u>	<u>    </u>	<u>    </u>
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***A formalized personnel development program is important to prepare employees to assume more responsible jobs.***

1.3.3.2 (I) Does the laboratory have an employee development program?	<u>✓</u>	<u>    </u>	<u>    </u>
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***The laboratory should maintain an adequate forensic library to include literature published in the applicable functional areas.***

1.3.3.3 (I) Does the forensic library contain current books, journals, and other literature dealing with each functional area?	<u>✓</u>	<u>    </u>	<u>    </u>
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***A system or procedure should exist to encourage a review of appropriate new literature by personnel.***

1.3.3.4 (I) Does a system exist to encourage each examiner to review appropriate new literature?	<u>✓</u>	<u>    </u>	<u>    </u>
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***A chain of custody record must be maintained which provides a comprehensive, documented history of each evidence transfer over which the laboratory has control.***

1.4.1.1 (E) Does the laboratory have a written or secure electronic chain of custody record with all necessary data which provides for complete tracking of all evidence?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Each individual item of evidence must be marked for identification, when practical. If the item does not lend itself to marking, its proximal container or identifying tag must be marked.***

1.4.1.2 (E) Is all evidence marked for identification?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Evidence seals must be designed and used to protect the integrity of the evidence.***

1.4.1.3 (E) Is evidence stored under proper seal?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Procedural precautions must exist which reduce the risk of evidence loss, cross transfer, contamination and /or other deleterious change.***

	Yes	No	N/A
1.4.1.4 (E) Is evidence protected from loss, cross transfer, contamination and/or deleterious change?	<u>✓</u>	<u>    </u>	<u>    </u>

***A secure area for overnight and/or long-term storage of evidence must be available.***

1.4.1.5 (E) Is there a secure area for overnight and/or long-term storage of evidence?	<u>✓</u>	<u>    </u>	<u>    </u>
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***A forensic laboratory must establish whether individual characteristic database samples are treated as evidence, reference materials, or examination documentation.***

1.4.1.6 (E) Has the laboratory established whether individual characteristic database samples are treated as evidence, reference materials, or examination documentation?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Each individual characteristic database sample under the control of the laboratory must be uniquely identified.***

1.4.1.7 (E) Is each individual characteristic database sample under the control of the laboratory uniquely identified?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Procedural precautions must exist which reduce the risk of individual characteristic database sample loss, cross transfer, contamination and /or other deleterious change.***

1.4.1.8 (E) Are individual characteristic database samples protected from loss, cross transfer, contamination and/or deleterious change?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Access to individual characteristic database samples under the control of the laboratory must be restricted to those persons authorized by the laboratory director.***

1.4.1.9 (E) Is access to individual characteristic database samples restricted to those persons authorized by the laboratory director?	<u>✓</u>	<u>    </u>	<u>    </u>
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***All elements of a laboratory's quality system must be clearly documented in a quality manual which is kept current under the responsibility of a quality manager.***

1.4.2.1 (E) Does the laboratory have a comprehensive quality manual?	<u>✓</u>	<u>    </u>	<u>    </u>
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***A laboratory must have an individual designated as the Quality Manager.***

1.4.2.2 (E) Is an individual designated as the quality manager?	<u>✓</u>	<u>    </u>	<u>    </u>
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***To verify that its operations continue to comply with the requirements of its quality system and the standards under which ASCLD/LAB accreditation was granted, each accredited laboratory must conduct an annual audit of its operations and submit an Annual Accreditation Audit Report (Appendix 6) to ASCLD/LAB by the anniversary of its accreditation.***

		Yes	No	N/A
1.4.2.3 (E)	Did the accredited laboratory conduct and document an annual audit of its operations and submit an annual accreditation audit report to ASCLD/LAB by the required deadline?	<u>✓</u>	<u>      </u>	<u>      </u>

***The quality system requires that laboratory management conduct a review at least once yearly to ensure the continued suitability and effectiveness of such a system.***

1.4.2.4 (E)	Does the laboratory conduct and document an annual review of its quality system?	<u>✓</u>	<u>      </u>	<u>      </u>
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***Procedures used must be generally accepted in the field or supported by data gathered and recorded in a scientific manner.***

1.4.2.5 (E)	Are the procedures used generally accepted in the field or supported by data gathered and recorded in a scientific manner?	<u>✓</u>	<u>      </u>	<u>      </u>
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***New technical procedures must be validated to prove their efficacy in examining evidence material before being implemented on casework.***

1.4.2.6 (E)	Are new technical procedures scientifically validated before being used in casework and is the validation documentation available for review?	<u>✓</u>	<u>      </u>	<u>      </u>
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***The laboratory must maintain written copies of appropriate technical procedures.***

1.4.2.7 (E)	Are the technical procedures used by the laboratory documented and are the documents available to laboratory personnel for review?	<u>✓</u>	<u>      </u>	<u>      </u>
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***Controls and standard samples must be used and documented in the case record to ensure the validity of the testing parameters and, thereby, the conclusion.***

1.4.2.8 (E)	Are appropriate controls and standards specified in the procedures and are they used and documented in the case record to ensure the validity of examination results?	<u>✓</u>	<u>      </u>	<u>      </u>
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***The quality of the standard samples and reagents must be adequate for the procedure used.***

1.4.2.9 (E)	Is the quality of the standard samples and reagents adequate for the procedure used?	<u>✓</u>	<u>      </u>	<u>      </u>
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***All reagents must be routinely tested for their reliability.***

1.4.2.10 (E)	Does the laboratory routinely check the reliability of its reagents?	<u>✓</u>	<u>      </u>	<u>      </u>
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***Instruments/equipment should be adequate for the procedures used.***

1.4.2.11 (I)	Are the instruments/equipment adequate for the procedures used?	<u>✓</u>	<u>      </u>	<u>      </u>
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***Instruments/equipment should be maintained in proper working order.***

	Yes	No	N/A
1.4.2.12 (I) Are the instruments/equipment in proper working order?	<u>✓</u>	<u>    </u>	<u>    </u>

***Instruments/equipment must be properly calibrated and calibration records maintained for all calibrated instruments.***

1.4.2.13 (E) Are the instruments/equipment properly calibrated?	<u>✓</u>	<u>    </u>	<u>    </u>
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***The laboratory must create and maintain a uniquely identified case record for all administrative and examination documentation generated and/or received by the laboratory for each case involving the analysis of evidence.***

1.4.2.14 (E) Does the laboratory create and maintain a uniquely identified case record for all examination and administrative documentation generated and/or received by the laboratory for each case involving the analysis of evidence?	<u>✓</u>	<u>    </u>	<u>    </u>
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***The laboratory's unique case identifier must be on each page of examination documentation, and the handwritten initials (or secure electronic equivalent) of the person generating the examination documentation must be on each page generated by that person.***

1.4.2.15 (E) Does the laboratory's unique case identifier appear on each page of examination documentation, and does the handwritten initials (or secure electronic equivalent) of the person generating the examination documentation appear on each page generated by that person?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Examination documentation must be sufficiently detailed to support the conclusions and opinions reported by the examiner(s) and must be such that, in the absence of the examiner(s), another competent examiner or supervisor could evaluate what was done and interpret the data. Examination documentation must be of a permanent nature and must be free of obliterations and erasures.***

1.4.2.16 (E) Are conclusions and opinions in reports supported by data available in the case record, and are the examination documents sufficiently detailed such that, in the absence of the examiner(s), another competent examiner or supervisor could evaluate what was done and interpret the data?	<u>✓</u>	<u>    </u>	<u>    </u>
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1.4.2.17 (E) Is examination documentation of a permanent nature and is it free of obliterations and erasures?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Laboratory personnel who issue findings based on examination documentation generated by another person(s) must complete and document the review of all relevant pages of examination documentation in the case record.***

1.4.2.18 (E) Has each person(s) in the laboratory who issued findings based on examination documentation generated by another person, completed a review of all relevant pages of examination documentation and documented the review in the case record?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Written reports must be generated for all analytical work performed on evidence by the laboratory and must contain the conclusions and opinions that address the purpose for which the analytical work was undertaken. The significance of associations made must be communicated clearly and qualified properly. The name of the author(s) must appear in the report.***

	Yes	No	N/A
1.4.2.19 (E) Does the laboratory generate written reports for all analytical work performed on evidence, and do the reports contain the conclusions and opinions that address the purpose for which the analytical work was undertaken?	<u>✓</u>	<u>      </u>	<u>      </u>

1.4.2.20 (E) Where associations are made, is the significance of the association communicated clearly and qualified properly in the report?	<u>✓</u>	<u>      </u>	<u>      </u>
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1.4.2.21 (E) Does the name of the author(s) appear in the report?	<u>✓</u>	<u>      </u>	<u>      </u>
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***It is essential that a representative number of reports be subjected to a technical review.***

1.4.2.22 (E) Does the laboratory have, use and document a system of technical review of the reports to ensure that the conclusions of its examiners are reasonable and within the constraints of scientific knowledge?	<u>✓</u>	<u>      </u>	<u>      </u>
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***Administrative reviews must be conducted to ensure the completeness and correctness of the reports issued.***

1.4.2.23 (E) Does the laboratory conduct and document administrative reviews of all reports issued?	<u>✓</u>	<u>      </u>	<u>      </u>
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***The laboratory must have and follow a written procedure whereby the testimony of each examiner is monitored at least once every year.***

1.4.2.24 (E) Does the laboratory monitor the testimony of each examiner at least annually and is the examiner given feedback from the evaluation?	<u>✓</u>	<u>      </u>	<u>      </u>
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***The laboratory must have a written procedure which it uses to initiate a review and to take corrective action when the laboratory has an indication of a significant problem with a technical procedure or the work of an analyst.***

1.4.2.25 (E) If the laboratory has an indication of a significant technical problem, is there a procedure in writing and in use whereby the laboratory initiates a review and takes any corrective action required?	<u>✓</u>	<u>      </u>	<u>      </u>
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***Each laboratory must have a documented program of proficiency testing which measures the capability of its examiners and the reliability of its analytical results.***

1.4.3.1 (E) Does the laboratory have a documented program of proficiency testing?	<u>✓</u>	<u>      </u>	<u>      </u>
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***The laboratory must participate in proficiency testing programs in which samples are provided by an external test provider. ASCLD/LAB approved providers must be used where available.***

	Yes	No	N/A
1.4.3.2 (E) Does the laboratory participate in proficiency testing programs conducted by approved test providers or by other external provider(s) when no approved provider is available?	<u>✓</u>	<u>    </u>	<u>    </u>

***Each Examiner should be proficiency tested annually in each subdiscipline in which casework is performed.***

1.4.3.3 (I) Was each examiner proficiency tested annually in each subdiscipline in which casework was performed?	<u>✓</u>	<u>    </u>	<u>    </u>
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***The laboratory should conduct annual proficiency testing in each discipline using re-examination or blind techniques.***

1.4.3.4 (I) Does the laboratory conduct proficiency testing using re-examination or blind techniques?	<u>    </u>	<u>✓</u>	<u>    </u>
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***Each examiner must be proficiency tested at least once, during each five-year accreditation cycle, in each subdiscipline in which the examiner performs casework examinations and issues report.***

1.4.3.5 (E) Was each examiner proficiency tested at least once, during the previous five-year accreditation cycle, in every subdiscipline in which the examiner performed casework examinations and issued reports?	<u>✓</u>	<u>    </u>	<u>    </u>
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## **MANAGEMENT**

***The laboratory director should have a minimum of a baccalaureate degree in a natural science, criminalistics or a closely related field. If the director lacks a scientific background, then there should be support within management by personnel with appropriate scientific background.***

2.1.1 (I) Does the laboratory director possess a degree in a natural science, criminalistics or in a closely related field, or is the laboratory director supported by scientific personnel of sufficient managerial rank and authority?	<u>✓</u>	<u>    </u>	<u>    </u>
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***A laboratory director should have at least five years of forensic science experience performing casework in one of the ASCLD/LAB accredited disciplines.***

2.1.2 (D) Does the laboratory director have at least five years of forensic science experience?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Additional education in management or business administration by college course work or short training courses (or both) is recommended.***

2.1.3 (D) Does the laboratory director have some formal training in management?	<u>✓</u>	<u>    </u>	<u>    </u>
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***The laboratory director should have at least two years of experience in management.***

	Yes	No	N/A
2.1.4 (D) Does the laboratory director have at least two years of managerial experience?	<u>✓</u>	<u>    </u>	<u>    </u>

### **CONTROLLED SUBSTANCES**

***Examiners must have education and experience/training commensurate with the examinations and testimony provided. A baccalaureate or advanced degree in a natural science, criminalistics or in a closely related field is required.***

2.2.1 (E) Does each examiner possess a baccalaureate or advanced degree in a natural science, criminalistics or in a closely related field and does each have experience/training commensurate with the examinations and testimony provided?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures as applied to the tasks performed.***

2.2.2 (E) Does each examiner understand the instruments, and the methods and procedures used?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Examiners must have successfully completed a competency test.***

2.2.3 (E) Did each examiner successfully complete a competency test prior to assuming casework responsibility?	<u>✓</u>	<u>    </u>	<u>    </u>
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***A proficiency test must be successfully completed by each examiner at least annually.***

2.2.4 (E) Did each examiner successfully complete an annual proficiency test?	<u>✓</u>	<u>    </u>	<u>    </u>
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### **TOXICOLOGY**

***Examiners must have education and experience/training commensurate with the examinations and testimony provided. A baccalaureate or advanced degree in a natural science, toxicology, criminalistics or in a closely related field is required.***

2.3.1 (E) Does each examiner have a baccalaureate or advanced degree in a natural science, toxicology, criminalistics or in a closely related field and does each have experience/training commensurate with the examinations and testimony provided?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures applied to the tasks performed.***

2.3.2 (E) Does each examiner understand the instruments, and the methods and procedures used?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Examiners must have successfully completed a competency test.***

	Yes	No	N/A
2.3.3 (E) Did each examiner successfully complete a competency test prior to assuming casework responsibility?	<u>✓</u>	<u>    </u>	<u>    </u>

***A proficiency test must be successfully completed by each examiner at least annually.***

2.3.4 (E) Did each examiner successfully complete an annual proficiency test?	<u>✓</u>	<u>    </u>	<u>    </u>
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### **TRACE EVIDENCE**

***Examiners must have education and experience/training commensurate with the examinations and testimony provided. A baccalaureate or advanced degree in a natural science, criminalistics or in a closely related field is required.***

2.4.1 (E) Does each examiner possess a baccalaureate or advanced degree in a natural science, criminalistics or in a closely related field and does each have experience/training commensurate with the examinations and testimony provided?	<u>    </u>	<u>    </u>	<u>✓</u>
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***Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures applied to the tasks performed.***

2.4.2 (E) Does each examiner understand the instruments, and the methods and procedures used?	<u>    </u>	<u>    </u>	<u>✓</u>
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***A competency test must be successfully completed prior to working cases of each evidence type.***

2.4.3 (E) Did each examiner successfully complete a competency test in each of the subdisciplines processed prior to assuming casework responsibility?	<u>    </u>	<u>    </u>	<u>✓</u>
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***A proficiency test must be successfully completed by each examiner at least annually.***

2.4.4 (E) Did each examiner successfully complete an annual proficiency test?	<u>    </u>	<u>    </u>	<u>✓</u>
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### **BIOLOGY**

***Examiners must have education and experience/training commensurate with the examinations and testimony provided. A baccalaureate or advanced degree in a natural science, criminalistics or in a closely related field is required.***

2.5.1 (E) Does each examiner possess a baccalaureate or advanced degree in a natural science, criminalistics or in a closely related field and does each have experience/training commensurate with the examinations and testimony provided?	<u>✓</u>	<u>    </u>	<u>    </u>
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		Yes	No	N/A
2.5.2 (E)	Does each examiner performing DNA analysis have education, training and experience consistent with those required by the quality assurance audit document?	<u>✓</u>	<u>    </u>	<u>    </u>

***Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures applied to the tasks performed.***

2.5.3 (E)	Does each examiner understand the instruments, and the methods and procedures used?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Examiners must have successfully completed a competency test.***

2.5.4 (E)	Did each examiner successfully complete a competency test prior to assuming casework responsibility?	<u>✓</u>	<u>    </u>	<u>    </u>
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***A proficiency test must be successfully completed by each examiner at least annually?***

2.5.5 (E)	Did each examiner successfully complete an annual proficiency test?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Two proficiency tests must be successfully completed by each DNA examiner annually.***

2.5.6 (E)	Did each examiner performing DNA analysis successfully complete two annual proficiency tests from an approved test provider?	<u>✓</u>	<u>    </u>	<u>    </u>
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## **FIREARMS/TOOLMARKS**

***Firearms/toolmarks examiners should have a baccalaureate degree with science courses.***

2.6.1 (I)	Does each examiner possess a baccalaureate degree with science courses?	<u>    </u>	<u>✓</u>	<u>    </u>
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***Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures used as applied to the tasks performed.***

2.6.2 (E)	Does each examiner understand the instruments, and the methods and procedures used?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Examiners must have education and experience/training commensurate with the examinations and testimony provided. Independent case examinations must not be undertaken until extensive instruction from a qualified examiner has been completed.***

2.6.3 (E)	Did each examiner have extensive training from a qualified examiner and does each have experience commensurate with the examinations and testimony provided?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Examiners must successfully complete a competency test.***

	Yes	No	N/A
2.6.4 (E) Did each examiner successfully complete a competency test prior to assuming case work responsibility?	<u>✓</u>	<u>      </u>	<u>      </u>

***A proficiency test must be successfully completed by each examiner at least annually.***

2.6.5 (E) Did each examiner successfully complete an annual proficiency test?	<u>✓</u>	<u>      </u>	<u>      </u>
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### **QUESTIONED DOCUMENTS**

***Questioned document examiners should have a baccalaureate degree with science courses.***

2.7.1 (I) Does each examiner possess a baccalaureate degree with science courses?	<u>      </u>	<u>      </u>	<u>✓</u>
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***Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures used as applied to the tasks performed.***

2.7.2 (E) Does each examiner understand the instruments, and the methods and procedures used?	<u>      </u>	<u>      </u>	<u>✓</u>
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***Examiners must have education and training/experience commensurate with the examinations and testimony provided. Independent case examinations must not be undertaken until extensive instruction from a qualified document examiner has been completed.***

2.7.3 (E) Did each examiner have extensive training from a qualified examiner and does each have experience commensurate with the examinations and testimony provided?	<u>      </u>	<u>      </u>	<u>✓</u>
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***Examiners must have successfully completed a competency test.***

2.7.4 (E) Did each examiner successfully complete a competency test prior to assuming case work responsibility?	<u>      </u>	<u>      </u>	<u>✓</u>
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***A proficiency test must be successfully completed by each examiner at least annually.***

2.7.5 (E) Did each examiner successfully complete an annual proficiency test?	<u>      </u>	<u>      </u>	<u>✓</u>
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### **LATENT PRINTS**

***Latent print examiners should have a baccalaureate degree with science courses.***

2.8.1 (I) Does each examiner possess a baccalaureate degree with science courses?	<u>      </u>	<u>✓</u>	<u>      </u>
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***Examiners must have a good understanding of the concept of individualization and the principles, uses and limitations of the instruments, and the methods and procedures used as applied to the tasks performed.***

	Yes	No	N/A
2.8.2 (E) Does each examiner understand the instruments, and the methods and procedures used?	<u>✓</u>	<u>      </u>	<u>      </u>

***Examiners must have education and training/experience commensurate with the examinations and testimony provided. Independent case examinations must not be undertaken until extensive instruction from a qualified latent print examiner has been completed.***

2.8.3 (E) Did each examiner have extensive training from a qualified examiner and does each have experience commensurate with the examinations and testimony provided?	<u>✓</u>	<u>      </u>	<u>      </u>
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***Examiners must have successfully completed a competency test.***

2.8.4 (E) Did each examiner successfully complete a competency test prior to assuming casework responsibility?	<u>✓</u>	<u>      </u>	<u>      </u>
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***A proficiency test must be successfully completed by each examiner at least annually.***

2.8.5 (E) Did each examiner successfully complete an annual proficiency test?	<u>✓</u>	<u>      </u>	<u>      </u>
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## **TECHNICAL SUPPORT**

***The individual must meet the specification of the job description.***

2.9.1 (E) Do technical support personnel meet the requirements of their job descriptions?	<u>      </u>	<u>      </u>	<u>✓</u>
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***The job description and the duties performed must be in agreement.***

2.9.2 (E) Are the job descriptions and the duties performed in agreement?	<u>      </u>	<u>      </u>	<u>✓</u>
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***Technical support staff must have successfully completed an appropriate competency test.***

2.9.3 (E) Did each member of the technical support staff successfully complete an appropriate competency test prior to assuming casework responsibility?	<u>      </u>	<u>      </u>	<u>✓</u>
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***Technical support personnel must successfully complete an appropriate proficiency test annually.***

2.9.4 (E) Did all technical support personnel successfully complete an appropriate proficiency test, annually?	<u>      </u>	<u>      </u>	<u>✓</u>
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***Two proficiency tests must be successfully completed annually by all technical support personnel performing DNA analysis.***

	Yes	No	N/A
2.9.5 (E) Did all technical support personnel performing DNA analysis successfully complete two annual proficiency tests from an approved test provider?	_____	_____	✓ _____

### **CRIME SCENE**

***The examiner must meet the requirements of the job description.***

2.10.1 (E) Do examiners meet the requirements of their job descriptions?	✓ _____	_____	_____
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***Examiners must have a good understanding of the concept and theory of scene security and integrity, and the uses and limitations of the equipment, methods and procedures used to document and process crime scenes, as applied to the tasks performed.***

2.10.2 (E) Does each examiner understand the equipment, methods and procedures used?	✓ _____	_____	_____
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***Examiners must have training and experience commensurate with the examinations, documentation and testimony provided, as applied to the tasks performed. Independent examinations and documentation at crime scenes must not be undertaken until extensive instruction from a qualified examiner has been completed.***

2.10.3 (E) Did each examiner have extensive training from a qualified examiner and does each have experience commensurate with the examinations/documentation and testimony provided?	✓ _____	_____	_____
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***Examiners must have successfully completed a competency test(s) as applied to the task(s) performed.***

2.10.4 (E) Did each examiner successfully complete a competency test(s) prior to primary responsibility for the examination, documentation and processing of a crime scene?	✓ _____	_____	_____
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***A proficiency test must be completed by each person conducting crime scene examinations at least annually. The proficiency test should reflect the types of procedures, methods and equipment as applied to the typical task(s) performed.***

2.10.5 (E) Did each examiner successfully complete an annual proficiency test?	✓ _____	_____	_____
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### **DIGITAL & MULTIMEDIA EVIDENCE**

***Digital and multimedia evidence examiners should have a baccalaureate degree with science courses.***

2.11.1 (I) Does each examiner possess a baccalaureate degree with science courses?	_____	_____	✓ _____
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***Examiners must have a good understanding of the principles, uses and limitations of the hardware, software, and the methods and procedures as applied to the tasks performed.***

	Yes	No	N/A
2.11.2 (E) Does each examiner understand the equipment, programs, methods and procedures used?	_____	_____	<u>✓</u>

***Examiners must have education and training/experience commensurate with the examinations and testimony provided. Independent case examinations must not be undertaken until extensive instruction from a qualified examiner has been completed.***

2.11.3 (E) Does each examiner have experience commensurate with the examinations/documentation and testimony provided?	_____	_____	<u>✓</u>
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***Examiners must have successfully completed a competency test.***

2.11.4 (E) Did each examiner successfully complete a competency test in each subdiscipline prior to assuming casework responsibility?	_____	_____	<u>✓</u>
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***A proficiency test must be successfully completed by each examiner at least annually.***

2.11.5 (E) Did each examiner successfully complete an annual proficiency test?	_____	_____	<u>✓</u>
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***Each employee should have adequate work space to accomplish assigned tasks.***

3.1.1 (I) Does each employee have adequate work space to accomplish assigned tasks?	<u>✓</u>	_____	_____
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***Sufficient space should be provided for storage of supplies, equipment and tools.***

3.1.2 (D) Is there sufficient space provided for storage of supplies, equipment and tools?	<u>✓</u>	_____	_____
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***Examiners should have space available for writing reports and other official communications.***

3.1.3 (I) Is there adequate space available for examiners for writing reports and other official communications?	<u>✓</u>	_____	_____
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***Adequate and appropriate space should exist for records and reference materials.***

3.1.4 (I) Is there adequate and appropriate space available for records, reference works and other necessary documents?	<u>✓</u>	_____	_____
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***Sufficient space should be available for instrumentation/equipment to facilitate its operation.***

3.1.5 (I) Is adequate space available for instrumentation/equipment to facilitate its operation?	<u>✓</u>	_____	_____
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***Accessories should be stored near instrumentation/equipment to facilitate its use and operation.***

Yes No N/A

- 3.1.6 (D) Are accessories stored near instrumentation/equipment to facilitate its use and operation?

✓          

***The physical design should permit the efficient flow of evidence from the time of its acceptance until its proper disposal.***

- 3.2.1 (I) Does the physical design permit the efficient flow of evidence from the time of its acceptance until its proper disposal?

✓          

***The relative locations of functional areas should facilitate the use of equipment and instruments.***

- 3.2.2 (D) Do the relative locations of functional areas facilitate the use of equipment and instruments?

✓          

***Adequate and proper lighting should be available for personnel to carry out assigned tasks.***

- 3.2.3 (I) Is there adequate and proper lighting available for personnel to carry out assigned tasks?

✓          

***Adequate and proper plumbing and wiring should be available and accessible to carry out assigned tasks.***

- 3.2.4 (I) Is there adequate and proper plumbing and wiring available and accessible to carry out assigned tasks?

✓          

***The laboratory should have proper general ventilation.***

- 3.2.5 (I) Does the laboratory have proper general ventilation?

✓          

***There should be adequate heating, cooling and humidity control in the laboratory.***

- 3.2.6 (I) Is the heating, cooling and humidity control in the laboratory adequate?

✓          

***Access to the operational area of the laboratory must be controllable and limited to those individuals who are assigned to routinely work in the area or to those individuals designated by the laboratory director to have access.***

- 3.3.1 (E) Is access to the operational area of the laboratory controllable and limited?

✓          

***All exterior entrance/exit points require adequate security control.***

- 3.3.2 (E) Do all exterior entrance/exit points have adequate security control?

✓

***Internal areas requiring limited/controlled access must have a lock system.***

		Yes	No	N/A
3.3.3 (E)	Do all internal areas requiring limited/controlled access have a lock system?	<u>✓</u>	<u>    </u>	<u>    </u>

***Accountability of all keys, magnetic cards, etc., must be documented and their distribution limited to those individuals designated by the laboratory director to have access.***

3.3.4 (E)	Is distribution of all keys, magnetic cards, etc., documented and is distribution limited to those individuals designated by the laboratory director to have access?	<u>✓</u>	<u>    </u>	<u>    </u>
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***The laboratory must be monitored during vacant hours by an intrusion alarm or by security personnel.***

3.3.5 (E)	Is the laboratory secured during vacant hours by means of an intrusion alarm or by security personnel?	<u>✓</u>	<u>    </u>	<u>    </u>
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***The laboratory should have a fire detection system.***

3.3.6 (I)	Does the laboratory have a fire detection system?	<u>✓</u>	<u>    </u>	<u>    </u>
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***All elements of a laboratory's health and safety program must be clearly documented in a manual. The program should be monitored and the manual kept current by a health and safety manager.***

3.4.1 (I)	Does the laboratory have an effective health and safety program documented in a manual?	<u>✓</u>	<u>    </u>	<u>    </u>
3.4.2 (I)	Is an individual designated as the health and safety manager?	<u>✓</u>	<u>    </u>	<u>    </u>
3.4.3 (I)	Is the health and safety program monitored regularly and reviewed annually to ensure that its requirements are being met?	<u>✓</u>	<u>    </u>	<u>    </u>

***The laboratory should have available and encourage the use of safety devices (particularly those required in its health and safety manual). Examples of such devices are goggles, face protectors, ear protectors, gloves and fire extinguishers.***

3.4.4 (I)	Does the laboratory have available and encourage the use of safety devices, particularly those required by its health and safety manual?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Proper equipment and material should be available for the handling of carcinogenic, toxic and/or other dangerous material spills.***

3.4.5 (I)	Does the laboratory have proper equipment and material available for the handling of carcinogenic, toxic and/or other dangerous material spills?	<u>✓</u>	<u>    </u>	<u>    </u>
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***The laboratory should have safety shower and eye wash equipment in appropriate locations and in good working condition.***

		Yes	No	N/A
3.4.6 (I)	Does the laboratory have safety shower and eye wash equipment in appropriate locations and in good working condition?	<u>✓</u>	<u>    </u>	<u>    </u>

***Exhaust hoods must be available to maintain a safe work environment.***

3.4.7 (I)	Are sufficient exhaust hoods available to maintain a safe work environment?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Sufficient first-aid kits should be available and strategically located.***

3.4.8 (I)	Are sufficient first-aid kits available and strategically located?	<u>✓</u>	<u>    </u>	<u>    </u>
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***An adequate number of personnel should hold current certification in first-aid.***

3.4.9 (I)	Does the laboratory have an adequate number of personnel holding current certification in first-aid?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Space should be provided for safe storage of volatile, flammable, explosive and other hazardous materials.***

3.4.10 (I)	Is appropriate space provided for safe storage of volatile, flammable, explosive and other hazardous materials?	<u>✓</u>	<u>    </u>	<u>    </u>
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***Emergency exits from the laboratory should be in compliance with safe working requirements.***

3.4.11 (I)	Are the emergency exits from the laboratory adequate for safe exit in an emergency?	<u>✓</u>	<u>    </u>	<u>    </u>
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***General cleanliness and good-housekeeping should be apparent.***

3.4.12 (D)	Is there general cleanliness and apparent good-housekeeping in the laboratory?	<u>✓</u>	<u>    </u>	<u>    </u>
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## SUMMARY

The following summarizes the criteria for which the Inspection Team determined the laboratory to not be in compliance at the time of the inspection and documents the basis for the findings. The summary also identifies criteria which were determined to be not applicable and the basis for that determination:

- 1.1.2.5 (E) Does clearly written and well understood documentation or procedure exist for preparation, storage, security and disposition of case records and reports?

Original inspection finding:

The procedures for the preparation of case records are not clearly written or understood. The Division procedure identifies the laboratory number as the unique identifier, however this designator is not used throughout all disciplines in the laboratory as the unique identifier.

Supplemental finding:

**The laboratory revised the Forensic Science Division Standard Operating Procedures, Chapter 46 (Case Documentation) to specifically define the laboratory unique case identifier as the LIMS generated laboratory number consisting of the letter L, followed by a numerical designator. Documentation depicting the consistent use of the unique identifier in all disciplines included photographs of evidence, chain of custody records, case folder labeling, and LIMS log in pages. Additionally, the LIMS entry guidelines and the signed staff acknowledgement of the revision were supplied.**

Original inspection finding:

The procedures for the security and retrieval of crime scene photographic images are not clearly written or well understood. The crime scene procedure instructs the examiners to download all crime scene photographic images to the Digital Crime Scene Management System. There are no procedures after the downloading as to how the images are secured and how they would be later obtained for viewing.

Supplemental finding:

**The laboratory revised the Crime Scene procedure, Chapter 14 (General Evidence Handling Procedures), section 1 Photography, to include a procedure which defines the crime scene photographic images as evidence to be stored in the Digital Crime Scene Management System (DCSMS) Austin Police Department image database, by case number. The procedure describes the maintenance of a chain of custody and the secure storage of the images. Additional supporting documentation included copies of the procedures for LIMS entry of digital images and the entry of the laboratory number into the DCSMS as well as copies of the signed staff acknowledgement of the revisions.**

- 1.2.1.1 (D) Does the organizational structure group the work and personnel in a manner that allows for efficiency of operation, taking into account the interrelation of various forensic disciplines?

Original inspection finding:

The laboratory does not have sufficient supervision for the Latent Print Section which creates an organizational structure that does not allow for an efficient operation. Interviews with the staff indicated the need for more immediate attention when issues arise that may have an impact on the quality of the work.

Supplemental finding:

**The Austin PD Forensic Science Services Division reclassified a Latent Print Examiner position to Supervisor. Documentation substantiating that the position has been posted and is in the process of being filled was submitted.**

- 1.4.1.1 (E) Does the laboratory have a written or secure electronic chain of custody record with all necessary data which provides for complete tracking of all evidence?

Original inspection finding:

Recent laboratory procedure changes were implemented regarding the process to ensure a complete tracking of custody for vehicles submitted for processing at their remote off-site facility. At the time of this inspection there was insufficient objective evidence of compliance with the procedure change.

Supplemental finding:

**The laboratory's procedure requiring a secure chain of custody for all vehicles submitted for processing at the remote off-site facility was documented in the Crime Scene Section procedure, chapter 22 and implemented on April 16, 2010. The laboratory supplied documentation of the notification and acknowledgement by staff of the revision and eleven photographs depicting the completed chain of custody for eleven vehicles submitted to the laboratory after the date of the inspection.**

- 1.4.1.2 (E) Is all evidence marked for identification?

Original inspection finding:

The evidence examined in NIBIN casework is not marked with the unique laboratory identifier.

Supplemental finding:

**The laboratory supplied photographic documentation of a NIBIN evidence storage cabinet consisting of multiple drawers of NIBIN evidence. A review of the images depicting the contents of two drawers, each containing approximately 130 pieces of evidence, revealed the presence of the unique laboratory identifiers on all items.**

- 1.4.1.4 (E) Is evidence protected from loss, cross transfer, contamination and /or deleterious change?

Original inspection finding:

Digital images of non-recoverable impressions taken at crime scenes are maintained as examination documentation rather than treated as evidence.

Supplemental finding:

**The laboratory revised the Division procedure, Chapter 53 to clarify that digital images taken at crime scenes will be treated as evidence. Crime Scene Section procedure, Chapter 14 establishes that the crime scene images are uploaded and maintained on the secure Digital Crime Scene Management System (DCSMS). The laboratory provided images of: signed acknowledgement by staff of these changes, guides instructing Crime Scene personnel in the entry of digital images into DCSMS and ten LIMS reports reflecting the tracking of stored digital images.**

1.4.1.5 (E) Is there a secure area for overnight and/or long-term storage of evidence?

Original inspection finding:

Vehicles stored at a remote off-site processing laboratory facility are not maintained in a secure area.

Supplemental finding:

**The remote off-site vehicle processing facility has been removed from control by the laboratory. The laboratory supplied documentation of staff awareness of this change, a memo issued by the Bureau Chief removing control of the fenced auto storage area from the Forensic Science Division and ten chain of custody records reflecting the release of the stored vehicles from the laboratory back to the investigating case officers.**

1.4.2.3 (E) Did the accredited laboratory conduct and document an annual audit of its operations and submit an annual accreditation audit report to ASCLD/LAB by the required deadline?

Original inspection finding:

The laboratory submitted an annual accreditation audit report for each of the five years since the previous accreditation inspection. However, the reports were not completely accurate as the reports were scored “No” for the section which asks “Did an inconsistency or error on a proficiency test or casework occur that required corrective action to be implemented?” A review of proficiency test records revealed nonconformities in proficiency tests that did initiate corrective actions but were not reported on the annual reports.

Supplemental finding:

**The laboratory revised the Division procedure, Chapter 34 (Proficiency Testing) to clarify how the level of inconsistencies are defined and the corrective actions to be implemented. The revision also requires that Class I and II inconsistencies be reported in the ASCLD/LAB Annual Accreditation Audit Report.**

1.4.2.7 (E) Are the technical procedures used by the laboratory documented and are the documents available to laboratory personnel for review?

Original inspection finding:

The procedure for bloodstain analysis does not include the scope of examinations conducted within the laboratory. There are no documented procedure for bloodstain analysis which includes the review of video images, photographs and crime scene notes.

Supplemental finding:

**The laboratory expanded Chapter 16 of the Crime Scene Section procedure to include a procedure for Blood Stain Analysis specifically related to bloodstain pattern analysis. The section is comprehensive covering such topics as documentation of stains and patterns, presumptive testing, pattern classification, calculations, experimentation, interpretation and reconstruction.**

1.4.2.16 (E) Are conclusions and opinions in reports supported by data available in the case record, and are the examination documents sufficiently detailed such that, in the absence of the examiner(s), another competent examiner or supervisor could evaluate what was done and interpret the data?



Original inspection finding:

Reports are issued stating that the test firing was performed and that the test fires were entered into NIBIN. However, searches are not documented in the case record at the time of the examination. The absence of this information prohibits another competent examiner from evaluating what was done and interpreting the data.

Supplemental finding:

**The laboratory revised the Firearm and Toolmark Procedure Sections 2.5 and 5.4.11 to specify that NIBIN data sheets of all searches and results conducted by the laboratory are stored on the NIBIN computer. This data is considered by the laboratory as a part of the firearms case record and can be accessed by staff of the Firearms and Toolmarks section for review. Data sheets generated by the NIBIN computer were reviewed and found to be in compliance with this revision.**

Original inspection finding:

Conclusions in some crime scene reports were not supported by the examination documentation, for example, the reporting of the presence of blood at a crime scene when only presumptive testing was performed.

Supplemental finding:

**The laboratory revised the Crime Scene Section SOP Chapter 5-Section Records, Reporting Guidelines, to include a discussion on the narrative description of crime scenes. The discussion prohibits the reporting of the presence of blood except if it is observed as flowing from a subjects wound. The other alternatives are reporting the ‘presence of possible blood’ based on a successful presumptive test and the reporting of the descriptive nature of the stain, e.g. red stain in the absence of a presumptive test. A review of ten recent Crime Scene reports provided by the laboratory confirmed the implementation of the reporting practices and the understanding by the staff as evidenced by the use of the wording “red-brown stains” when referring to apparent bloodstains located at the scene.**

- 1.4.2.17 (E) Is examination documentation of a permanent nature and is it free of obliterations and erasures?

Original inspection finding:

The laboratory stores much of its examination documentation in an electronic format but does not have a procedure that tracks changes to the documentation after the documentation is stored. The software employed can track that a change has been made; however, it does not identify the specific changes.

Supplemental finding:

**The Forensic Science Division SOP was revised to include a procedure describing how changes to examination documentation are tracked. The signature of the examiner is placed on the report to signify the report is ‘stored’ and any subsequent changes to the examination documents must be recorded and maintained in the case folder. If changes are made to electronic files subsequent to the signature being applied, the original examination documentation must be maintained in the case folder. The laboratory supplied screen images of several cases showing the “image vault section” of LIMS representing examination documents and analysis reports and how the changes are documented and maintained in the LIMS as part of the case folder.**



- 1.4.2.20 (E) Where associations are made, is the significance of the association communicated clearly and qualified properly in the report?

Original inspection finding:

There is no clear definition in the Latent Print procedure of what is meant when reporting an association as “inconclusive”, “didn’t match” or “not made by.”

Supplemental finding:

**The laboratory revised Chapter 8 of the Latent Print Section procedure to include a discussion of conclusions that are acceptable for reporting the results of a comparison. The procedure clarifies the terms Individualization (Identification-Match), Exclusion (Non-ID, Non-Match) and Inconclusive. Signed acknowledgements by the staff were submitted as evidence of their being informed of this revision. The laboratory supplied three recent Latent Print reports which were reviewed for compliance to these revisions and in each instance the terms used to describe the examiners conclusions, e.g. inconclusive or non-identification were clearly defined in the report.**

- 1.4.2.22 (E) Does the laboratory have, use and document a system of technical review of the reports to ensure that the conclusions of its examiners are reasonable and within the constraints of scientific knowledge?

Original inspection finding:

The laboratory uses a system of technical review in latent prints; however, the elements assessed and documented during the review are not clearly understood by the examiners as evidenced by interviews and a review of completed technical review forms.

Supplemental finding:

**The Latent Print SOP Chapter 3-Quality Assurance was revised to include additional specific clarification of several elements to be included in a technical review. Each of the elements identified are listed on the latent print section technical review form. The laboratory supplied copies of the signed acknowledgement by the staff of these procedural revisions.**

- 1.4.2.25 (E) If the laboratory has an indication of a significant technical problem, is there a procedure in writing and in use whereby the laboratory initiates a review and takes any corrective action required?

Original inspection finding:

For the years 2005, 2006 and 2007, results reported by different examiners for eight external latent print proficiency tests, were inconsistent with the expected results, indicating a potentially significant technical problem. The documentation for these inconsistencies reflects that no corrective action was initiated.

Supplemental finding:

**The laboratory revised the Forensic Science Division SOP Chapter 34 – Proficiency Testing to precisely define the classification of errors when nonconforming results are observed in a proficiency test. The procedures have been updated to more closely align with the procedures described in the ASCLD/LAB Proficiency Review Program requirements. During remediation the laboratory reviewed the proficiency tests for the years 2005, 2006 and 2007 for the latent print discipline and summarized the corrective actions for each test and each examiner. The laboratory’s revised procedures, staff acknowledgement of**

**awareness of revisions, the evaluation of the inconsistent test results and the completion of proficiency tests since the original inspection were found to be in compliance.**

1.4.3.1 (E) Does the laboratory have a documented program of proficiency testing?

Original inspection finding:

The grading system used by the laboratory when assessing the performance of the reported test results and the vendors expected result is not consistently applied or well understood. The laboratory is using “satisfactory”, “satisfactory with exception” and “unsatisfactory” when scoring the test results without clearly defining significance of each result.

Supplemental finding:

**The laboratory revised the Forensic Science Division SOP Chapter 34 – Proficiency Testing to precisely define the classification of errors when nonconforming results are observed in a proficiency test. The procedures have been updated to more closely align with the procedures described in the ASCLD/LAB Proficiency Review Program requirements. The revision and a review of proficiency tests completed since the on-site inspection confirming implementation of these changes are acceptable in addressing the original finding.**

2.8.5 (E) Did each examiner successfully complete an annual proficiency test?

Original inspection finding:

In the Latent Print discipline for the years 2005, 2006 and 2007 there were inconsistencies identified between the expected and reported results for annual proficiency tests. A review of the laboratory’s proficiency review forms for eight tests reported by different examiners did not indicate the successful completion of a corrective action.

Supplemental finding:

**The laboratory revised the Forensic Science Division SOP Chapter 34 – Proficiency Testing to precisely define the classification of errors when nonconforming results are observed in a proficiency test. The procedures have been updated to more closely align with the procedures described in the ASCLD/LAB Proficiency Review Program requirements. During remediation the laboratory reviewed the proficiency tests noted for the years 2005, 2006 and 2007 for the latent print discipline and summarized the corrective actions for each test and each examiner. The laboratory’s revised procedures and the evaluation of the noted inconsistent test results and the review of several proficiency tests completed since the on-site inspection employing elements of the change procedure was considered acceptable in addressing the issues identified in the finding.**

The inspection team was not presented with documentation of compliance for the following Important criteria which was scored NO during the initial inspection:

1.4.3.4 (I) Does the laboratory conduct proficiency testing using re-examination or blind techniques?

Original inspection finding:

The laboratory does not conduct proficiency testing using re-examination or blind techniques.

2.6.1 (I) Does each examiner possess a baccalaureate degree with science courses?

Original inspection finding:

One firearm/toolmarks examiner does not possess a baccalaureate degree.

2.8.1 (I) Does each examiner possess a baccalaureate degree with science courses?

Original inspection finding:

Examiners in latent prints do not all possess a baccalaureate degree.

All criteria for sections 2.4 Trace Evidence, 2.7 Questioned Documents, and 2.11 Digital & Multimedia Evidence were scored N/A because the laboratory does not perform work in the disciplines.

All criteria for section 2.9, Technical Support, were scored N/A because the laboratory does not employ technical support personnel

## SUMMATION OF CRITERIA RATINGS

	Total Possible	Total Yes	Total No	Total N/A	Total Number Yes/No
Essential	91	74	0	17	74
Important	45	40	3	2	43
Desirable	16	16	0	0	16

Percent Essential: 100%

Percent Important: 93%

Percent Desirable: 100%

Areas sought for accreditation are as follows:

Controlled Substances

Crime Scene

Toxicology (blood alcohol only)

Latent Prints

Biology

Firearms/Toolmarks

Prepared by: Rodney H. Andrus, ASCLD/LAB Staff Inspector

*Ralph M. Keaton*

Ralph M. Keaton, Executive Director